

AO 240 (Rev. 10/03)

UNITED STATES DISTRICT COURT

FOR District of PUERTO RICO

UNITED STATES OF AMERICA

Plaintiff

V.

DANIEL REYES-ESCRIBANO

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: CR:99-44-7

RECEIVED & FILED
2006 APR -6 AM 10:42
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.I, Daniel Reyes-Escribano declare that I am the (check appropriate box)☐ petitioner/plaintiff/movant ☒ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration FCI FAIRTON, P.O. Box 420, Fairton, N.J.

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

3/22/06
Date

Daniel Lopez
Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

ACCOUNT CERTIFICATION FORM

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct

3/22/06
Date

[Signature]
Authorized Officer of Institution
[Signature] CASE MANAGER,
by the Act of July 27, 1956,
administrative costs

NOTICE TO PRISON OFFICIALS: Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915(b)(2) (April 26, 1996). Pursuant to that statute, once an initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire filing fee has been paid.

(Cut along dotted line)

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Inmate Inquiry

Inmate Reg #:	16995069	Current Institution:	Fairton FCI
Inmate Name:	REYES-ESCRIBANO, DANIEL	Housing Unit:	B
Report Date:	03/22/2006	Living Quarters:	B01-933L
Report Time:	2:41:37 PM		

[General Information](#) |
 [Account Balances](#) |
 [Commissary History](#) |
 [Commissary Restrictions](#) |
 [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 1699
 PAC #:
 FRP Participation Status: Completed
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 8/8/2001
 Local Account Activation Date: 12/2/2005 3:45:41 AM

 Sort Codes:
 Last Account Update: 3/17/2006 1:23:10 PM
 Account Status: Active
 Phone Balance: \$0.16

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance: \$0.20
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.20
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$0.00
 National 6 Months Deposits: \$690.56
 National 6 Months Withdrawals: \$691.15
 National 6 Months Avg Daily Balance: \$27.02
 Local Max. Balance - Prev. 30 Days: \$60.80
 Average Balance - Prev. 30 Days: \$2.43

Commissary History

Purchases

Validation Period Purchases: \$0.00
YTD Purchases: \$395.90
Last Sales Date: 3/1/2006 5:20:34 PM

SPO Information

SPO's this Month: 0
SPO \$ this Quarter: \$0.00

Spending Limit Info

Spending Limit Override: No
Weekly Revalidation: No
Spending Limit: \$290.00
Expended Spending Limit: \$0.00
Remaining Spending Limit: \$290.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00
Restricted Expended Amount: \$0.00
Restricted Remaining Spending Limit: \$0.00
Restriction Start Date: N/A
Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Userid	Active
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Comments

Comments: